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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APP | PLICANT | ATTORNEY DOCKET NO./TITLE |
| 09/354,970 07 | /16/99 DGL | CEUR | | 44510 |
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| ALBERT S MICHAL MICHALIK & WYLI | | | Þ | NOT ASSIGNED |
| 14645 BEL-RED F SUITE 103 | DAD | | | 2784 |
| BELLEVUE WA 980 | 07 | | DATE WAILED |): *08/11/99 |
| R | · · | ISSING PARTS OF API | PLICATION | |
| | . Fil. | ing Date Granted | • | |
| Application Number and Filing Da jiven TWO MONTHS FROM THE bid abandonment. Extensions of CFR 1:136(a). If any of items 1 o a small entity in compliance wathis NOTICE to avoid abandon | EDATE OF THIS NOTE time may be obtained or 3 through 5 are indic ith 37 CFR 1.27, or | ICE within which to file all re- by filing a petition accompar ated as missing, the SURC | quired items and nied by the extendance of the extended in the | d pay any fees required below to nsion fee under the provisions of th in 37 CFR 1.16(e) of \$65.0 |
| nll required items on this form small entity (statement filed) | 🛮 non-small entity i | period set above, the totals | al amount owe | ed by applicant as a |
| The statutory basic filing fermissing. insufficient. Applicant must submit \$ | 160.00 | to complete the basic filing | fee and/or file | a small entity statement |
| claiming such status (37 Cl 2. The following additional cla | FR 1.27). ims fees are due: 34 | 18.00 | | · |
| \$ 210.00 for \$ 18.00 for | 7 | nims over 20. Indent claims over 3. | | |
| Applicant must either sub | tiple dependent claim nit the additional clain | surcharge. n fees or cancel additional | claims for whic | h fees are due. |
| 3. The oath or declaration: is missing or unsigned. does not cover the new An oath or declaration in co | ly submitted items. | R 1. 63. including residence | e information a | nd identifying the application L |
| the above Application Num 4. The signature(s) to the oath 1.43 or 1.47. | ber and Filing Date is n or declaration is/are | required. by a person other than investigation | entor or persor | n qualified under 37 CFR 1.42 |
| A properly signed oath or of Application Number and Fi | ing Date, is required. | | | ication by the above |
| 5. The signature of the following | g joint inventor(s) is r | nissing from the oath or de | ciaration: | |
| An oath or declaration in co inventor(s), identifying this | application by the abo | ove Application Number and | d Filing Date, is | s required. |
| 6. A \$50.00 processing fee is7. Your filing receipt was maile | d in error because yo | ur check was returned with | hout payment nout payment. | (37 CFR 1.21(m)). |
| previously submitted, and | d English translation (| of the application, the \$130 |).00 set forth in CFR 1.52(d)). | 37 CFR 1.17(k), unless |
| 9. OTHER:ect the reply and any questions | about this notice to " | Attention: Box Missing Par | ts." | |
| A cop | y of this notice | MUST be returned | l with the r | eply. |
| WMerelt | 1 | | | |
| istomer Service Center tial Patent Examination Division | (703) 308-1202 | | | |
| A ALGINE EXAMINATION DIVISION | ··· | | 1 | |

FORM **PTO-1533** (REV. 9/98)

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